

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Posternak

POSTERNAK BLANKSTEIN & LIND LLP

The Prudential Tower
800 Boylston Street
Boston, MA 02199-8004

447.5CF

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ **4.90**
Certified Fee **2.30**
Return Receipt Fee (Endorsement Required) **1.75**
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ **8.95**

Sent To **K. Berk**
Street, Apt. No., or PO Box No. **180 N. Kasalle**
City, State, ZIP+4 **Chicago, IL 60601**

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

K. Berk
180 N. Kasalle
St. Ste. 3700
Chicago, IL 60601

2. Article Number

(Transfer from service label)

7004 0750 0000 8737 7074

PS Form 3811, August 2001

Domestic Return Receipt

2ACPRI-03-P-4081

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Moore

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

Moore

C. Date of Delivery

7/20/05

- D. Is delivery address different from item 1? ☐ Yes
if YES, enter delivery address below: ☐ No

3001-159

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

- ☐ Yes